

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214534867																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: OneCIS Insurance Company 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA </div> <div style="width: 35%;"> DUE DATE: 8/31/2014 SCC ID NO: F1834250 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000																										
CLASS	AUTHORIZED																															
COMMON	1,000,000																															
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY																																
4.) STATE OR COUNTRY OF INCORPORATION: IL																																
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1601 SAWGRASS CORPORATE PARKWAY STE 400 CITY/ST/ZIP: FORT LAUDERDALE, FL 33323 </div>																																
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: center;">OFFICER</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">DIRECTOR</td> </tr> <tr> <td>NAME:</td> <td colspan="4">JANICE MONDELLO</td> </tr> <tr> <td>TITLE:</td> <td colspan="4">VICE PRESIDENT</td> </tr> <tr> <td>ADDRESS:</td> <td colspan="4">1601 SAWGRASS CORP. PKWY</td> </tr> <tr> <td></td> <td colspan="4">STE 400</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td colspan="4">FORT LAUDERDALE, FL 33323</td> </tr> </table>				<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	NAME:	JANICE MONDELLO				TITLE:	VICE PRESIDENT				ADDRESS:	1601 SAWGRASS CORP. PKWY					STE 400				CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323			
	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR																												
NAME:	JANICE MONDELLO																															
TITLE:	VICE PRESIDENT																															
ADDRESS:	1601 SAWGRASS CORP. PKWY																															
	STE 400																															
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: center;">OFFICER</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%; text-align: center;">DIRECTOR</td> </tr> <tr> <td>NAME:</td> <td colspan="4">PEDRO GUIMARAES</td> </tr> <tr> <td>TITLE:</td> <td colspan="4">DIR, CEO, PRESI</td> </tr> <tr> <td>ADDRESS:</td> <td colspan="4">1601 SAWGRASS CORP PKWY</td> </tr> <tr> <td></td> <td colspan="4">#400</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td colspan="4">FORT LAUDERDALE, FL 33323</td> </tr> </table>				<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	NAME:	PEDRO GUIMARAES				TITLE:	DIR, CEO, PRESI				ADDRESS:	1601 SAWGRASS CORP PKWY					#400				CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323			
	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR																												
NAME:	PEDRO GUIMARAES																															
TITLE:	DIR, CEO, PRESI																															
ADDRESS:	1601 SAWGRASS CORP PKWY																															
	#400																															
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: center;">OFFICER</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">DIRECTOR</td> </tr> <tr> <td>NAME:</td> <td colspan="4">HEATHER B BUSH</td> </tr> <tr> <td>TITLE:</td> <td colspan="4">SECRETARY</td> </tr> <tr> <td>ADDRESS:</td> <td colspan="4">1601 SAWGRASS CORP. PKWY</td> </tr> <tr> <td></td> <td colspan="4">#400</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td colspan="4">FORT LAUDERDALE, FL 33323</td> </tr> </table>				<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	NAME:	HEATHER B BUSH				TITLE:	SECRETARY				ADDRESS:	1601 SAWGRASS CORP. PKWY					#400				CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323			
	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR																												
NAME:	HEATHER B BUSH																															
TITLE:	SECRETARY																															
ADDRESS:	1601 SAWGRASS CORP. PKWY																															
	#400																															
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: center;">OFFICER</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">DIRECTOR</td> </tr> <tr> <td>NAME:</td> <td colspan="4">MICHAEL CREECH</td> </tr> <tr> <td>TITLE:</td> <td colspan="4">EVP</td> </tr> <tr> <td>ADDRESS:</td> <td colspan="4">1601 SAWGRASS CORPORATE PARKWAY</td> </tr> <tr> <td></td> <td colspan="4">STE. 400</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td colspan="4">FORT LAUDERDALE, FL 33323</td> </tr> </table>				<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	NAME:	MICHAEL CREECH				TITLE:	EVP				ADDRESS:	1601 SAWGRASS CORPORATE PARKWAY					STE. 400				CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323			
	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR																												
NAME:	MICHAEL CREECH																															
TITLE:	EVP																															
ADDRESS:	1601 SAWGRASS CORPORATE PARKWAY																															
	STE. 400																															
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: center;">OFFICER</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">DIRECTOR</td> </tr> <tr> <td>NAME:</td> <td colspan="4">CARLOS ESNARD</td> </tr> <tr> <td>TITLE:</td> <td colspan="4">TREASURE, CFO</td> </tr> <tr> <td>ADDRESS:</td> <td colspan="4">1601 SAWGRASS CORP PKWY</td> </tr> <tr> <td></td> <td colspan="4">#400</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td colspan="4">FORT LAUDERDALE, FL 33323</td> </tr> </table>				<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	NAME:	CARLOS ESNARD				TITLE:	TREASURE, CFO				ADDRESS:	1601 SAWGRASS CORP PKWY					#400				CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323			
	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR																												
NAME:	CARLOS ESNARD																															
TITLE:	TREASURE, CFO																															
ADDRESS:	1601 SAWGRASS CORP PKWY																															
	#400																															
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33323																															

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WHITNEY BERGFELD DIRECTOR 1601 SAWGRASS CORPORATE PARKWAY STE. 400 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DONZE DIRECTOR 1601 SAWGRASS CORPORATE PARKWAY STE. 400 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFEREY MILOSCH DIRECTOR 1601 SAWGRASS CORPORATE PARKWAY STE. 400 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY RZONCA DIRECTOR 1601 SAWGRASS CORP. PKWY, STE 400 FORT LAUTERDALE, FL 33323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HEATHER B BUSH		HEATHER B BUSH, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			